

Newsletter published by the SHIBA HelpLine Regional Managers, for time-sensitive health insurance news. Please pass the information on to others!

***The latest headlines:***

**Transition period ended March 31 for dual eligible clients who were auto enrolled:** To assist clients, volunteers can access a training toolkit at [http://www.cms.hhs.gov/partnerships/18\\_transition.asp](http://www.cms.hhs.gov/partnerships/18_transition.asp) offered by the Centers for Medicare & Medicaid Services (CMS). Clients may want to consider: 1) Contact their plan to ensure all medications are covered; 2) If a drug is not covered by the plan, find out from their doctor if changing to a covered prescription is a possibility; and 3) Request an exception from the plan before the transition supply is gone.

**Medicare Advantage plans send delinquency notices to clients:** Some Medicare Advantage plans are sending clients late-payment notices, even after clients have sent in their premium payments. This may be due to CMS not sending in premium payments on time. If folks are uncertain why they are receiving delinquency notes, they may want to contact their insurance company.

**CMS requests you send them Plan Finder Tool problems:** If you notice trouble, CMS wants to hear from you. Supply any issues and the following information to: [Kevin.Simpson@cms.hhs.gov](mailto:Kevin.Simpson@cms.hhs.gov)

- Type of search (personal or general)—if personal, provide all the information the counselor used to identify the recipient
- Recipient's zip code
- If recipient is eligible for "extra help" and the level of help
- Recipient's county
- Whether the search included MA-PDs, PDPs or both
- Exact medications and dosages entered
- Pharmacy preferences entered, if any
- Name and contract number of plan—if the problem lies with the results for a specific plan
- If the counselor saved the search using the "save my work" feature, include the confirmation number and date of the search

**CORRECTION to March 22 News Flash regarding Part D dual eligibility and copays:** If dual-eligible folks (with Medicare and full Medicaid coverage) are receiving an off-formulary drug, the Department of Social and Health Services (DSHS) will **not** pay the copay. However, DSHS may pay the full cost of Part D-excluded drugs for these clients.

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